

**Appendix A for Dr. Andrew Hamer
Testimony To Be Given**

Background

1. Name, address, and date of birth.
2. Education and employment history.
3. Use of and knowledge about patient warming devices.
4. Factors that influence infection for general and orthopedic surgery.
5. Infection control practices.
6. Experience designing, conducting, and writing manuscripts for the following studies:
 - “Do forced air patient-warming devices disrupt unidirectional downward airflow?,” published in the Journal of Bone & Joint Surgery (Britain), 2012 Feb;94(2):254-6 (hereafter “Legg, Cannon, & Hamer”).
 - “Forced-air patient warming blankets disrupt unidirectional airflow” in the Bone & Joint Journal, 2013 Mar.; 95-B(3):407-10 (hereafter “Legg & Hamer”).

Roles and Arrangements for the Studies Described in Legg, Cannon, & Hamer and Legg & Hamer

7. Your role in obtaining funding, designing, conducting, collecting data, analyzing results, and writing manuscripts for the studies described in Legg, Cannon, & Hamer and Legg & Hamer.
8. The identity of and roles played by others in obtaining funding, designing, conducting, collecting data, analyzing results, and writing manuscripts for the studies described in Legg, Cannon, & Hamer and Legg & Hamer.
9. Communications with others involved in obtaining funding, designing, conducting, collecting data, analyzing results, and writing manuscripts for the studies described in Legg, Cannon, & Hamer and Legg & Hamer.
10. Communications with Dr. Scott Augustine about the studies described in Legg, Cannon, & Hamer and Legg & Hamer.
11. Communications with Augustine Temperature Management about the studies described in Legg, Cannon, & Hamer and Legg & Hamer.

12. Communications with the hospitals and locations where the studies described in Legg, Cannon, & Hamer and Legg & Hamer were performed.

Design, Materials, and Methods for the Studies Described in McGovern et al., Belani et al., and Reed et al.

13. Details of and reasons for selecting locations, protocols, procedures, materials, and methods used in the studies described in Legg, Cannon, & Hamer and Legg & Hamer.
14. Selection, procurement, and condition of the operating theatres, patient warming devices, and other equipment used in the studies described in Legg, Cannon, & Hamer and Legg & Hamer.
15. Proposed and final study designs for the studies described in Legg, Cannon, & Hamer and Legg & Hamer, and the rationales for changes to study designs and protocols.
16. The carrying out of the studies described in Legg, Cannon, & Hamer and Legg & Hamer, and changes to protocols and practices during the conduct of those studies.
17. All measurements taken and data collected in the studies described in Legg, Cannon, & Hamer and Legg & Hamer.
18. Photographs or video recordings taken in connection with the studies described in Legg, Cannon, & Hamer and Legg & Hamer.

Study Results and Analysis

19. Statistical analysis of the raw data obtained in the studies described in Legg, Cannon, & Hamer and Legg & Hamer.
20. Preparation of the manuscripts for Legg, Cannon, & Hamer and Legg & Hamer, including the roles of co-authors.
21. Reviewer comments for Legg, Cannon, & Hamer and Legg & Hamer, including communications with co-authors regarding reactions and responses to reviewer comments.
22. Interpretation of the results of Legg, Cannon, & Hamer and Legg & Hamer.
23. Application of results of Legg, Cannon, & Hamer and Legg & Hamer to hospital practices and patient safety.
24. Limitations of the designs, results, and conclusions of Legg, Cannon, & Hamer and Legg & Hamer.

Information About Other Studies

25. Information about the funding, selection of operating rooms, selection and procurement of patient warming devices, condition of patient warming devices, arrangements, design, conduct, results, analysis or publication of the studies described in these articles:
- Albrecht, M., et. al. Forced-air warming: a source of airborne contamination in the operating room? *Orthopedic Rev.* 2009; 1:e28
 - Albrecht, M., et al. Forced-air warming blowers: An evaluation of filtration adequacy and airborne contamination emissions in the operating room. *Am J Infect Control* 2011; 39:321-28
 - Dasari, K., et al. Effect of forced air warming on the performance of operating theatre laminar flow ventilation. *Anaesthesia* 2012; 67:244-49
 - McGovern, P., et al. Forced-air warming and ultra-clean ventilation do not mix: an investigation of theatre ventilation, patient warming and joint replacement infection in orthopaedics. *J Bone Joint Surg. (Br.)* 2011; 93(11):1537-44
 - Belani, K., et al., Patient warming excess heat: the effects on orthopedic operating room ventilation performance. *Anesthesia Analgesia* 2013; 117(2):406-11
 - Reed, M., et al. Forced-air warming design: evaluation of intake filtration, internal microbial buildup, and airborne-contamination emissions. *AANA J* 2013; 81(4):275-80.
 - Wood, A., et al. Infection control hazards associated with the use of forced-air warming in operating theatres. *J Hosp Infect.* 2014;1-9